



DEPARTMENT OF CORRECTIONS
AGENCY OF HUMAN SERVICES
STATE OF VERMONT

NUMBER

POLICY

DIRECTIVE

PROCEDURE

361.01.12 PROTOCOL

SUBJECT

Mental Health Roster: Admission/Discharge
Criteria

EFFECTIVE
DATE

8/20/97

REVIEWED AND
RE-ISSUED

SUPERSEDES

NEW

RECOMMENDED FOR APPROVAL BY:

SIGNATURE

AUTHORIZED BY:

SIGNATURE

I. AUTHORITY

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

II. PURPOSE STATEMENT

The purpose of this protocol is to establish criteria for admission to and discharge from the mental health roster and to define those factors which indicate continuation on the roster.

III. APPLICABILITY/ACCESSIBILITY

All individuals and groups affected by the operations of the Vermont Department of Corrections may have a copy of this protocol.

IV. DEFINITIONS

Mental Health Professional: means a person with professional training, experience and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner or other qualified person determined by the Commissioner of Developmental and Mental Health Services.

V. PROTOCOL

A. Inclusion on the mental health roster

1. An inmate may be referred to mental health services from any number of sources (i.e., self-referral, correctional staff, facility staff, attorneys, mental health intake assessment process, etc.)

PAGE 1 OF

3 PAGES

2. A referred inmate will be screened by a mental health professional. The results of the initial mental health evaluation will be recorded on the *Mental Health Evaluation* form in accordance with protocol 361.01.05 (Mental Health Evaluation).
3. The inmate's case will be discussed at the weekly mental health team meeting and inclusion on the mental health roster will be determined by the team. This discussion and decision process shall be completed following no more than three contacts with the inmate.
4. An inmate may be included on the mental health roster if it appears that active mental health treatment is needed on an ongoing basis. This would include individuals with acute or chronic mental illness, those undergoing continued psychopharmacotherapy, and those with significant psychiatric symptoms related to their incarceration.
5. Inclusion on the mental health roster reflects the delivery of clinical mental health services and is not specifically related to provision of correctional treatment programs (e.g., cognitive self-change, sex offender, addictions groups, etc.) although these program services may be included in the treatment plan.
6. In order to be included on the mental health roster, the inmate must have a mental health disorder which causes significant functional impairments and can benefit from treatment.
7. If included on the mental health roster, the inmate will be assigned a primary therapist; this therapist is responsible for completing a mental health treatment plan within 30 days.
8. If an inmate is not included on the mental health roster, a note must be placed in the inmate's chart documenting the reasons for this decision. Alternative options for treatment may be discussed with the inmate.
9. A record shall be kept of all admissions to and removals from the mental health roster including:
 - a. name of inmate;
 - b. diagnosis;
 - c. any prescribed psychotropic medication;
 - d. name of primary mental health clinician;
 - e. date of admission to the mental health roster; and
 - f. date of discharge from the roster including coding of reason for discharge as follows:
 - (1) transferred or released from facility;
 - (2) treatment goals satisfied and treatment no longer warranted;
 - (3) inmate voluntarily withdrew from treatment;
 - (4) other
10. A separate mental health roster shall be kept for all inmates housed in the SRTP for more than 30 days. This roster shall include the following:
 - a. name of inmate;
 - b. diagnosis;
 - c. any prescribed psychotropic medication;
 - d. name of primary mental health clinician;
 - e. date of admission to the SRTP;
 - f. length of stay in the SRTP; and
 - g. current treatment plan and goals.

B. Criteria for continued inclusion on the mental health roster

1. Cases on the mental health roster are reviewed 30 days after admission and quarterly thereafter regarding the inmate's need for continued treatment.
2. All inmate's on the mental health roster must continue to meet the following criteria:
 - a. DSM-IV diagnosis;
 - b. evidence of significant symptoms, dysfunctions, or disturbances; and
 - c. prognosis of continued improvement or risk of decompensation.

C. Discharge from the mental health roster

1. Discharge occurs when the following criteria have been met:
 - a. the inmate has achieved the treatment goals established in the treatment plan and further treatment is not indicated;
 - b. the inmate is released from the facility;
 - c. the inmate withdraws from evaluation or treatment; or
 - d. other
2. A *discharge summary form* must be completed within 15 days after the inmate is discharged from the mental health roster or prior to discharge if the inmate is being transferred to another facility.
3. The discharge summary will include the following:
 - a. conditions of discharge;
 - b. course of treatment; and
 - c. treatment recommendations upon discharge.
4. The discharge summary form shall become part of the inmate's mental health chart.

VI. REFERENCES

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

VII. DRAFT PARTICIPANTS

This directive was drafted by Thomas Powell, Ph.D., Clinical Director, 103 S. Main St., Waterbury, VT 05671. Also actively participating in development of this directive were Erin Turbitt, Sandy Dengler, Shirley Meier, R.N., M.Ed., and Chris Carr, Ph.D.

MENTAL HEALTH ROSTER

Discharge Summary

Inmate Name: _____
Facility: _____

DOB: _____
Date: _____

Conditions of Discharge

Include Presenting Problem(s), Reason for Admission, and Current Status and Diagnosis

Course of Treatment

Describe the Status of Goals Which Were Met and Most Effective Treatments and/or Contraindicated Treatments

Treatment Recommendations Upon Discharge Include Risk Factors

[illegible]

Mental Health Staff Signature and Degree: _____

Date: _____